

CITY OF TEMPE ENVIRONMENTAL DIVISION

Total Toxic Organic Verification Form

Name of Facility:

Address of Facility:

Contact Person:

Contact Title:

Contact Phone:

Please check the appropriate box below:

- A. No toxic organic compounds as listed in Appendix A are used or stored at this facility.

- I elect to have this facility monitored for Total Toxic Organics (TTO's). I understand the potential exists that this facility could be required to assume all or part of the cost of sampling and laboratory fees for the implementation of this program. TTO monitoring shall be done on an annual basis.
- B.

- This facility elects to submit a Solvent Management Plan in lieu of the required TTO monitoring. I understand that this Plan must be recertified every six months in our Periodic Compliance Report.
- C.

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Total Toxic Organic Inventory Form

Please submit one form for each product you use or store at your facility containing a toxic organic compound from Appendix A.

1. Name of Product:
2. Appendix A Constituent(s):
3. Indicate Your Usage for Product:

biocide	Catalyst	coolant
degreasing	Flux	fuel
metal etch	metal prep	paint stripping

4. Indicate Procedure(s) for Spent Solvents

chemical extraction	physical extraction	solvent recycled on-site
Still	used as fuel	
Other (describe)		

Solvent shipped off-site (check appropriate box and indicate name)

Recycling company:

Waste disposal company:

Solvent Lost or Destroyed (check appropriate box)

Destroyed in usage	Evaporation	Incinerated
Oxidized to non-toxic (describe below):		

5. Describe Procedures for Assuring Toxic Organics Do Not Enter Sewer Systems:

Evidence for Parts 4 and 5 will be verified during the inspection of your facility.

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Total Toxic Organic Certification

Name of Facility:

Address of Facility:

Contact Person:

Contact Title:

Contact Phone:

Based on my inquiry of the person or persons directly responsible for managing compliance with the pretreatment standard for Total Toxic Organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewater has occurred since filing of the last Periodic Compliance Report (Semiannual Report). I further certify that by checking option C on the TTO Verification Form, this facility is implementing the Solvent Management Plan as described in our Plan.

Date

Signature of Responsible Company Official

Name of Above Official

Title of Above Official

Please submit this report to:

City of Tempe
Water Utilities Department
Environmental Division
P.O. Box 5002
Tempe, AZ 85280